

**RESTRICTED**  
**REPORT OF BURIAL**

TM 10-630 AND AR 30-1815

10920  
 1 July 1944

Date

Strawser

Ohmer

S.

Pvt

35409791

10/11/44

Last Name

First

Initial

Rank

Serial No.

Unknown

22 1st Regt

4th Div

371

Unit

Organization

France

26th Regt

Unknown

26 June 44

KIA

Place of Death

Date of Death

Cause of Death

1 July 1944

Blosville

France

Time and Date of Burial

Name of Cemetery

Name or Coordinates of Location

28

2

E

Peg

Grave Number

Row Number

Plot Number

Type of Marker

Disposition of Identification Tags: Buried with body Yes  No  Attached to Marker Yes  No

If No Identification Tags

How were remains identified?

What means of identification were buried with the body?

To determine Right or Left use Deceased's Right and Left.

Who is buried on:

Deceased's Right:

Rendzio, Edward 32229969

Tec 5

70th Tank Bn

29

Name

Serial No.

Rank

Organization

Grave No.

Deceased's Left:

Busick, Herman B. 34113285

Pfc

Unknown

27

Name

Serial No.

Rank

Organization

Grave No.

Signature or Name, Rank and if possible Organization of person furnishing above Data when other than officer reporting burial.



If print of identification tag is not affixed fill in below:

Emergency Addressee Mrs. Naomi A. Strawser

Name

29 S. Cherrywood Ave., Dayton, Ohio.

Address

Religion Protestant

List only Personal Effects Found on Body and disposition of same:

Ring

Service Ribbon

Souvenir coins

Signature of Officer or other person reporting burial

DALE C. SHERWOOD

Verified by G.R.S. Officer

DALE C. SHERWOOD

1st. Lt., QMC

# IF DECEASED UNIDENTIFIED

Take Fingerprints of Both Hands. If unable to obtain a complete set of Fingerprints, Take These You Can, and fill in the following:

Height:	Laundry Marks:
Weight:	Number of Rifle:
Color of Eyes:	Wear Glasses?
Color of Hair:	Is Tooth Chart Attached?
Race:	

(If possible, have medical personnel take a tooth chart, if no medical personnel present, fill in a tooth chart below.) In space below, locate, and describe any scars, birthmarks, moles, deformities, etc.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

If this is an Isolated Burial, make a Sketch of the Location, oriented with Permanent Landmarks. If more space needed attach separate sheet. Indicate North.

## TOOTH CHART

		Deceased's Left								Deceased's Right							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Upper	Lower																

Indicate: missing natural teeth by X; crowns by O; fillings by □; Bridges by ⊙ linking anchor teeth; replacements by artificial teeth X

Characteristics: \_\_\_\_\_

Other Data: \_\_\_\_\_

Left Hand

4

3

2

1

Thumb

4

3

2

1

Thumb

Right Hand

RHS

1

# DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
3508 04838

DATE  
15 | 11 | 47  
DAY | MONTH | YEAR

NAME  
STRAWSER OHMER S

SERIAL NUMBER  
35409791

RANK  
PFC

ARM  
1

CEMETERY  
BLOSVILLE - CARENTAN

DISPOSITION OF REMAINS  
1 5300 07  
CODE | DIST. PT.

PLOT ROW GRAVE COUNTRY  
E 2 28 FRANCE

CAUSE OF DEATH  
1

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
VON N. SILER FUNERAL DIRECTOR  
WEST MANCHESTER, OHIO

NAME AND ADDRESS OF NEXT OF KIN  
MRS. NAOMI A. STRAWSER (WIDOW)  
29 SOUTH CHERRYWOOD AVENUE  
DAYTON, OHIO

## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME  
Strawser, Ohmer S

SERIAL NUMBER  
35409791

RANK  
UTD

DATE OF DEATH  
Unk.

DATE DISTINTERRED  
16 Dec 47

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
USAGF

RELIGION  
P

IDENTIFICATION VERIFIED BY  
R. W. Gansel 1st Lt QMC  
NAME AND TITLE

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Uniform

CONDITION OF REMAINS  
Skull Fractured

OTHER MEANS OF IDENTIFICATION  
None

MINOR DISCREPANCIES 1  
None

REMAINS PREPARED AND PLACED IN CASKET  
DATE 20 Jan 48

BY T. R. Harrison Jr

CASKET SEALED BY  
T. R. Harrison Jr

EMBALMER (Signature)  
*T. R. Harrison Jr*

CASKET BOXED AND MARKED  
DATE 20 Jan 48 BY H. Cummings

SHIPPING ADDRESS VERIFIED BY  
JOHN PALYOK 1st Lt FA

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

*John Palyok*  
JOHN PALYOK 1st Lt FA  
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

E-2-28

Serial No. 35409791 Name Strawser, Ohmer S  
Grade Pvt. Rank \_\_\_\_\_  
Organization 4th Div.

Address \_\_\_\_\_

Nearest Relative Mrs. Naomi A. Strawser

Address 29 S. Cherrywood Ave, Dayton Ohio

Killed in Action yes Died of Disease \_\_\_\_\_

Date 7/1/44 Hospital \_\_\_\_\_

Battle Area \_\_\_\_\_ Information \_\_\_\_\_

Place of Burial Monarch Cemetery

Point of Coordination \_\_\_\_\_

Description of Body \_\_\_\_\_

Members Missing \_\_\_\_\_

Signed Abraham [Signature]

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM USMC Blosville		TO Casketing Point A Cherbourg	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER Pvt Michael <del>Strang</del> Strange	
SIGNATURE OF SHIPPER <i>Harry E. Rosen</i> Harry E. Rosen, 1st Lt QAC	DATE 16Jan48	SIGNATURE OF RECEIVER <i>E. N. Ciampo</i> E. N. Ciampo 1st Lt FA	DATE 16Jan48

### 2. SHIPPED

FROM Casketing Point A Cherbourg		TO Port Unit Cherbourg <del>16Jan48 17Jan48 18Jan48 19Jan48 20Jan48 21Jan48 22Jan48 23Jan48 24Jan48 25Jan48 26Jan48 27Jan48 28Jan48 29Jan48 30Jan48</del>	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER <i>L Phillips</i>	
SIGNATURE OF SHIPPER <i>E. N. Ciampo</i> E. N. Ciampo 1st Lt FA	DATE	SIGNATURE OF RECEIVER <i>John M. Hendry Jr</i> John M. Hendry Jr, Maj CAC	DATE

### 3. SHIPPED

FROM Port Unit Cherbourg		TO NYPOE	
KIND OF CONVEYANCE USAT MC CARLEY		NAME OF CONVOYER ROBERT V. SCHNEIDER, 1 LT TC	
SIGNATURE OF SHIPPER <i>John E. Hendry Jr</i> JOHN E. HENDRY JR, MAJ CAC	DATE 10 Mar 48	SIGNATURE OF RECEIVER <i>Robert V. Schneider</i>	DATE 10 Mar 48

### 4. SHIPPED

FROM		TO NYPE	
KIND OF CONVEYANCE		NAME OF CONVOYER <i>P. F. C. Eldon G. Kapl</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>James L. McKinnon</i> JAMES L. MCKINNON COLONEL, T. C.	DATE APR 5 1948

### 5. SHIPPED

FROM NYPE		TO PORT TRANSPORTATION OFFICER	
KIND OF CONVEYANCE TRAIN		NAME OF CONVOYER <i>P. F. C. Eldon G. Kapl</i>	
SIGNATURE OF SHIPPER <i>James L. McKinnon</i> JAMES L. MCKINNON COLONEL, T. C. PORT TRANSPORTATION OFFICER	DATE APR 9 1948	SIGNATURE OF RECEIVER <i>Robert V. Schneider</i>	DATE APR 14 1948

### 6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

**WAR DEPARTMENT**  
**THE ADJUTANT GENERAL'S OFFICE**  
 WASHINGTON 25, D. C.

**REPORT OF DEATH**

DATE 10 Aug 44  
MLB/mlw/4824

<b>FULL NAME</b> Strawser, Ohmer S.		<b>ARMY SERIAL NUMBER</b> 35 409 791		<b>GRADE</b> Pfc.	
<b>HOME ADDRESS</b> Dayton, Ohio		<b>ARM OR SERVICE</b> Inf		<b>DATE OF BIRTH</b> 14 April 11	
<b>PLACE OF DEATH</b> European Area		<b>CAUSE OF DEATH</b> Killed in action		<b>DATE OF DEATH</b> 26 June 44	
<b>STATION OF DECEASED</b> European Area		<b>DATE OF ENTRY ON CURRENT ACTIVE SERVICE</b> 16 July 42		<b>LENGTH OF SERVICE FOR PAY PURPOSES</b>	
				<b>YEARS</b>	<b>MONTHS</b>
				<b>DAYS</b>	
<b>EMERGENCY ADDRESSEE (NAME, RELATIONSHIP &amp; ADDRESS)</b> Mrs. Naomi A. Strawser, wife; 39 South Cherrywood Ave., Dayton, Ohio					
<b>BENEFICIARY (NAME, RELATIONSHIP &amp; ADDRESS)</b> Mrs. Naomi A. Strawser, wife; same as above. Mrs. Clara May Strawser, mother; same as above. Josua Steven Strawser, father; same as above.					
<b>INVESTIGATION MADE?</b>		<b>IN LINE OF DUTY</b>		<b>OWN MISCONDUCT</b>	
<b>WAS DECEASED ON DUTY STATUS</b>		<b>AUTHORIZED ABSENCE</b>		<b>IN FLYING PAY STATUS</b>	
<b>OTHER PAY STATUS (SPECIFY BELOW)</b>					
YES	NO	YES	NO	YES	NO
				YES	NO
					X

**ADDITIONAL DATA AND/OR STATEMENT**

COPIES FURNISHED:		
S. G. O.	F. B. I.	F. O., U. S. A.
2. O. Q. M. G.	O. F. D.	ARMY EFFECTS BUREAU
G. A. O.	VET. ADMIN.	CASUALTY BRANCH FILE
		A. G. 201 FILE

BATTLE  
 NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

ADJUTANT GENERAL

**WAR DEPARTMENT**  
**THE ADJUTANT GENERAL'S OFFICE**  
 WASHINGTON 25, D. C.

173934

**REPORT OF DEATH**

DATE 10 Aug 44  
MLB/mlw/4624

FULL NAME <b>Strawser, Ohmer S.</b>		ARMY SERIAL NUMBER <b>35 409 791</b>		GRADE <b>Pfc.</b>									
HOME ADDRESS <b>Dayton, Ohio</b>		ARM OR SERVICE <b>Inf</b>		DATE OF BIRTH <b>14 April 11</b>									
PLACE OF DEATH <b>European Area</b>		CAUSE OF DEATH <b>Killed in action</b>		DATE OF DEATH <b>26 June 44</b>									
STATION OF DECEASED <b>European Area</b>		DATE OF ENTRY ON CURRENT ACTIVE SERVICE <b>16 July 42</b>		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS									
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP & ADDRESS)  <b>Mrs. Naomi A. Strawser, wife; 39 South Cherrywood Ave., Dayton, Ohio</b>													
BENEFICIARY (NAME, RELATIONSHIP & ADDRESS) <b>Mrs. Naomi A. Strawser, wife; same as above.</b> <b>Mrs. Clara May Strawser, mother; same as above.</b> <b>Josua Steven Strawser, father; same as above.</b>													
INVESTIGATION MADE?		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (SPECIFY BELOW)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

**ADDITIONAL DATA AND/OR STATEMENT**

*file*

COPIES FURNISHED:		
S. G. O.	F. S. I.	F. O., U. S. A.
S. G. O. M. G.	O. F. D.	ARMY EFFECTS BUREAU CASUALTY BRANCH FILE
G. A. O.	VET. ADMIN.	A. G. 201 FILE

BATTLE

NON-BATTLE

BY ORDER OF THE SECRETARY OF WAR:

*MBW*

ADJUTANT GENERAL

**REQUEST FOR DISPOSITION OF REMAINS**

GRADE OF DECEASED, NAME, ARMY SERIAL NUMBER AND REPORTED PLACE OF BURIAL

DATE:

Pfc/ Quar S. Strawser, 35 409 791  
 Plot 1, Row 2, Grave 20,  
 United States Military Cemetery  
 Bloisville, France

9 September 1947

A		C	
B		D	

**DO NOT WRITE ABOVE THIS LINE**

**NOTE.**—The next of kin should familiarize himself with the contents of the pamphlet, "Disposition of World War II Armed Forces Dead," before filling out this form. When the proper part of this form is filled out and properly signed by the next of kin, it should be returned to the OFFICE OF THE QUARTERMASTER GENERAL, MEMORIAL DIVISION, WAR DEPARTMENT, WASHINGTON 25, D. C., in the self-addressed postage-free envelope provided for this purpose.  
 If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

**PART I**

I, MRS. NAOMI ASTOR STRAWSER (Please indicate relationship to the deceased by placing an "X" in the proper box.)  
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

- WIDOW
- WIDOWER
- SON OVER 21 YEARS OLD
- DAUGHTER OVER 21 YEARS OLD
- FATHER
- MOTHER
- BROTHER OVER 21 YEARS OLD
- SISTER OVER 21 YEARS OLD
- RELATIONSHIP OTHER THAN ABOVE (Specify) ✓

HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE BEEN MADE AVAILABLE TO ME WITH RESPECT TO THE FINAL RESTING PLACE OF THE DECEASED DESIGNATED ABOVE, NOW DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS: (Please place an "X" in the box opposite the option you have selected.)

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS.
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY  
ROSELAWN CEMETRY, LEWISBURG, O.  
(NAME AND LOCATION OF CEMETERY)
- 3. BE RETURNED TO \_\_\_\_\_, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT \_\_\_\_\_  
(FOREIGN COUNTRY) (LOCATION OF CEMETERY SELECTED)
- 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT \_\_\_\_\_  
(LOCATION OF NATIONAL CEMETERY SELECTED)  
 (Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)  
 YES  NO

THE NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARE CORRECT EXCEPT FOR THE FOLLOWING CHANGES: (If no corrections are necessary, indicate this fact by inserting the word "NONE" in the space below.)

NONE

CODED 2440147 Benyon

OCT 17 1947

*mas*



**PART I (Continued)**

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.

I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

LAST NAME	FIRST NAME	MIDDLE INITIAL
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	STATE OR TERRITORY OF U. S. A., OR COUNTRY
		TELEPHONE No.

OR

I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING FUNERAL DIRECTOR WHO HAS AGREED TO RECEIVE THEM:

FULL NAME OF FUNERAL DIRECTOR <b>VON N. SILER</b>			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
<b>WEST MANCHESTER, PREBLE</b>		<b>Ohio</b>	
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	
<b>WEST MANCHESTER, O</b>	<b>WEST MANCHESTER, O</b>	<b>203</b>	

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space use page 4.)\*

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

*ok*  
 x Naomi A. Strawser (SIGNATURE OF NEXT OF KIN)      29 South Cherrywood Ave, (STREET AND NUMBER)  
NAOMI A. STRAWSER (NAME PRINTED OR TYPED)      Dayton, O, (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 5th day of October, 1947, at city (or town) of Dayton, county of Montgomery, and State (or Territory or District) of Ohio

Letham Lytle  
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

\*NOTE.—Page 4 is part of the notarial attestation.

LETHAMAY LYTLE, Notary Public  
 In and for Montgomery County, Ohio (OFFICIAL TITLE)  
 My Commission Expires March 28

## PART II — RELINQUISHMENT OF DISPOSITION AUTHORITY

If you are the next of kin and you desire to relinquish your disposition authority, please fill in PART II of this form.

I, THE \_\_\_\_\_, AS THE NEXT OF KIN OF THE DECEASED  
(PLEASE INSERT RELATIONSHIP)  
 NAMED IN PART I OF THIS FORM, DO HEREBY RELINQUISH MY RIGHTS TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED.  
 THE NEXT EXISTING PERSON IN THE ORDER OF ELIGIBILITY OF DECEDENT'S SURVIVORS IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL
<i>No</i>		
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

WHOM I UNDERSTAND SHALL HAVE THE RIGHT TO DIRECT FINAL DISPOSITION OF THE REMAINS OF THE DECEASED.

	(DATE)
(SIGNATURE OF NEXT OF KIN)	(STREET AND NUMBER)
(NAME PRINTED OR TYPED)	(CITY AND STATE)

### PART III

If you are NOT the next of kin authorized to direct the disposition of remains, please fill in PART III of this form.

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

LAST NAME	FIRST NAME	MIDDLE INITIAL
<i>No</i>		
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

	(DATE)
(SIGNATURE)	(STREET AND NUMBER)
(NAME PRINTED OR TYPED)	(CITY AND STATE)

3258 ✓

# RECEIPT OF REMAINS

DISTRIBUTION CENTER

COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS 15 OHIO

ROUTINE 5 MAY 1948

REMAINS CONSIGNED TO: VON N SILER FUNERAL DIRECTOR  
WEST MANCHESTER OHIO

FROM QMDCG \_\_\_\_\_ HARDEN

REMAINS OF THE LATE PFC OHMER S STRAWSER ASN 35409791 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NO 907 PENNSYLVANIA RAILROAD LEAVING COLUMBUS OHIO 2:10 PM FIVE MAY AND DUE TO ARRIVE WEST MANCHESTER OHIO 4:01 PM RAILROAD TIME FIVE MAY. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE RECEIPT OF THE REMAINS OF THE ABOVE-NAMED DECEASED

THIS 5 DAY OF May, 1948

James W. Cookman  
WITNESS (Escort)

Von N. Siler  
CONSIGNEE

*File  
Not  
to  
be  
used  
for  
other  
purposes  
except  
as  
shown  
on  
this  
form*

# MESSAGEFORM

MESSAGE CENTER NO. TRANSMITTING MEANS

CRYPTOGRAPH OR CLEAR TEXT

CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION	EXEMPT	OPERATING SIGNALS	GROUP COUNT	GR

SPACE ABOVE FOR SIGNAL CENTER ONLY

FROM: (Originator)

SECURITY CLASSIFICATION

GOVT PD

ACTION TO: PRIORITY MRS WALTER A STRANGER  
DLR AND REPORT ANY CHARGES  
29 SOUTH CHERYWOOD AVENUE  
DAYTON OHIO

PRECEDENCE FOR INFORMATION  
ACTION  
Day Letter  
PRIORITY

 ORIGINAL MESSAGE

REFERS TO ANOTHER MESSAGE  
IDENTIFICATION CLASSIFICATION

INFORMATION TO: FROM QMDCG 14709-C BARDENTHIS HEADQUARTERS HAS BEEN ADVISED THAT THE REMAINS OF LATE PRIVATE FIRST CLASSCHMER E STRANGER

ARE ENROUTE TO THE UNITED STATES. RECORDS OF THIS OFFICE INDICATE YOU WISH  
REMAINS DELIVERED TO WALTER A STRANGER FUNERAL DIRECTOR WEST MANCHESTER OHIO

WE REGRET IT IS NOT POSSIBLE AT THIS TIME TO GIVE YOU A DEFINITE DELIVERY DATE  
HOWEVER THREE DAYS PRIOR TO SHIPMENT FROM THIS OFFICE YOUR FUNERAL DIRECTOR WILL  
BE NOTIFIED BY TELEGRAM DATE WHEN REMAINS WILL BE DELIVERED TO HIM. HE WILL BE  
REQUESTED TO PASS THIS INFORMATION TO YOU SO THAT YOU MAY MAKE FUNERAL ARRANGEMENTS.  
REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. WITHIN 48 HOURS OF DATE OF THIS  
MESSAGE PLEASE CONFIRM BY TELEGRAM COLLECT TO COLUMBUS GENERAL DISTRIBUTION DEPOT  
ABOVE DELIVERY INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS. PLEASE BE  
ADVISED THAT IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY  
DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF THE  
48 HOUR PERIOD. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN  
MAKING FINAL DELIVERY. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK  
ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATION TO MAKE ARRANGEMENTS. PLEASE INCLUDE  
FULL NAME OF DECEASED IN REPLY TELEGRAM. NOTIFY THIS OFFICE OF PATRIOTIC OR  
VETERANS ORGANIZATION SLECTED BY YOU TO FURNISH MILITARY HONORS.

BOWMAN CG COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO

SECURITY CLASSIFICATION

AUTHORIZATION

SIGNATURE

SYMBOL

ORIGINATING AGENCY

DATE-TIME GROUP

OFFICIAL TITLE

FRANCIS FAPPIANO  
CAPT, QMC, Asst AGR DivPAGE OF  
1 1WD AGO FORM 11-168  
15 JUN 1945This form supersedes WD AGO Form 11-168, 23 Aug 44,  
and WD AGO Form 801, 12 Mar 43, which are obsolete.

16-45801-1

U. S. GOVERNMENT PRINTING OFFICE

Model 3 Motor - Funeral Director Designated

WUS PD WESTMANCHESTER OHIO MAY 1 135P

COL BRADEN

GENERAL DIST DEPOT

WE WILL RECEIVE REMAINS OHMER STRASSER FROM TRAIN

NO 907 MAY 5TH

VON N SILER FUNERAL HOME.

903A MAY 2.

293

WU91 GOVT NL 26 COLLECT WEST MANCHESTER OHIO MAR 29

COL ALBERT BARDEN US DISTBN

RETEL TODAY STOP CONFIRMATION OF ALL FORMER FUNERAL

ARRANGEMENTS OF HUSBAND OHMER S STRAWSER ARE CORRECT

STOP ADVISE VON N SILER FUNERAL HOME WEST MANCHESTER

**INSPECTION CHECKLIST**  
(FOR USE AT DISTRIBUTION CENTER)

*A-1140051P*

*#3*

NAME <b>Strawser, Ohmer S</b> ✓		RANK <b>Pfc</b>	SERIAL NUMBER <b>35409791</b>
SOURCE		CONSIGNEE <b>Von N. Siler Funeral Director West Manchester, Ohio</b>	
SHIPPING CASE - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF SHIPPING CASE (CHECK ONE) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	
<input checked="" type="checkbox"/> FINISH (EXTERIOR)	REMARKS <i>Repaired and touched up in Bay</i>		
FINISH (INTERIOR)			
HANDLES			
HANDLE BOLTS			
STENCILING - NAMEPLATE			
HEALTH PERMIT MARKER			
HEALTH PERMIT NUMBER			
CASKET - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF CASKET (CHECK ONE) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	
<input checked="" type="checkbox"/> FINISH (EXTERIOR)	REMARKS <i>Touched up Rims in Bay</i>		
HANDLES AND PASTENINGS			
STENCILING - NAMEPLATE			
CAM LOCKS (SEALING)			
ODOR OR MOISTURE			

Routed Through

<input type="checkbox"/> MORTUARY OPERATING ROOM	<input type="checkbox"/> MORTUARY REPAIR SHOP
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	CASKET REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
NECESSARY DISINFECTION (EXPLAIN)	CASKET EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO
	SHIPPING CASE REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
	SHIPPING CASE EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO
	REMARKS

TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR
			<i>1435</i>	<i>4/28/48</i>	<i>[Signature]</i>

REMARKS

*HTM*

# CERTIFICATE

(AR 30-1830)

WORLD WAR II DECEASED

1. FILL IN EITHER PART A OR PART B; NOT BOTH.
2. USE PART A WHEN INTERMENT IS IN A CIVILIAN OR PRIVATE CEMETERY.
3. USE PART B WHEN REMAINS ARE DELIVERED TO HOME OR OTHER PLACE PRIOR TO BURIAL IN A NATIONAL OR POST CEMETERY.

## PART A - CIVILIAN OR PRIVATE CEMETERY

**A**

### REQUEST FOR REIMBURSEMENT OF INTERMENT EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT
<i>Clara E. Strauss</i>	<i>110</i>	<i>6220104</i>	<i>---</i>

I certify that the sum of \$ 229.50 was paid by me from personal funds in connection with the interment of the remains of the above named decedent in the below named cemetery.

INSERT NAME OF CEMETERY	CITY OR COUNTY	STATE
<i>Heseler Cemetery</i>	<i>Lewisburg,</i>	<i>Ohio</i>

#### INSTRUCTIONS TO PERSON SIGNING THIS FORM

1. Fill in as required and sign four copies. THIS FORM NOT TO BE SIGNED BY FUNERAL DIRECTOR.
2. Return four copies to:

( Return Original and 3 copies ) to:  
AMERICAN GRAVES REGISTRATION DIVISION  
COLUMBUS GENERAL DISTRIBUTION DEPOT  
COLUMBUS 15, OHIO

#### SIGNATURE OF CLAIMANT

*Naomi A. Strauss*

#### ADDRESS OF CLAIMANT (City, Street or RFD, and State)

*29 So. Cherrywood Dr.  
Dayton, O.*

#### RELATIONSHIP TO DECEDENT

*Widow*

#### DATE

*5/6/46*

## PART B - NATIONAL OR POST CEMETERY

**B**

### REQUEST FOR REIMBURSEMENT OF TRANSPORTATION EXPENSES

(PLEASE READ EXPLANATION ON REVERSE SIDE BEFORE COMPLETING FORM)

NAME OF DECEDENT	GRADE	SERIAL NUMBER	COMPONENT

I certify that the sum of \$ \_\_\_\_\_ was paid by me from personal funds in connection with the transportation of the remains of the above named decedent from and to the following places:

INSERT CITY OR TOWN (OR ADDRESS NOT IN A CITY OR TOWN)  
FROM WHICH REMAINS WERE SHIPPED

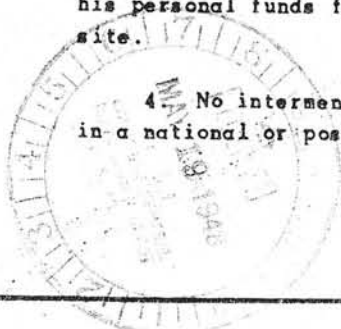
INSERT NAME AND LOCATION OF NATIONAL OR POST CEMETERY TO  
WHICH REMAINS WERE SHIPPED

EXPLANATION OF PART A - CIVILIAN OR PRIVATE CEMETERY

1. When the remains are delivered for interment in a civilian or private cemetery, you are responsible for paying all interment expenses. In this connection, you are entitled to the allowance mentioned in paragraph 2 below.
2. An amount not to exceed \$75 is allowed by the government toward actual interment expenses when final interment of the remains is in a private or civilian cemetery. No allowance is authorized toward interment expenses when interment is in a national or post cemetery.
3. The \$75 maximum allowance by the government toward interment expenses includes but is not limited to the payment of one or more of the following items: hearse hire from the railroad station to your home, the funeral home, church, cemetery, or any other place designated by you; vault; church services; newspaper notices; transportation for friends and relatives to and from cemetery; and the services of a funeral director.
4. Reimbursement by the government is made only to the person who paid from his personal funds the expenses of or incident to interment in a private or civilian cemetery. Receipted bills are not required to accompany this form. Any expenses over and above the \$75 maximum must be borne by the person who incurred or paid the additional expenses.

EXPLANATION OF PART B - NATIONAL OR POST CEMETERY

1. When the remains are delivered to you at government expense prior to burial in a national or post cemetery, you are responsible for all additional expenses necessary to deliver the remains from that point to the national or post cemetery grave site. However, you may be entitled to an allowance for the cost of transporting the remains from your home to the national or post cemetery grave site subject to the conditions outlined in paragraph 2. below.
2. Reimbursement of transportation expenses is allowed only when the cost to the government to deliver the remains to you is LESS than what it would have cost the government to deliver the remains direct to the national or post cemetery of final interment. However, the amount which you may be allowed (the difference between cost of delivery to you and cost of delivery by the government direct to the national or post cemetery) may not exceed the amount actually expended by you to deliver the remains to the cemetery grave site. WHETHER OR NOT YOU WILL BE GRANTED AN ALLOWANCE IS DEPENDENT UPON AN AUDIT OF THIS REQUEST. IN ANY EVENT YOU WILL BE NOTIFIED OF ANY ALLOWANCE DUE YOU BY THE OFFICE TO WHICH THIS FORM IS SENT.
3. Reimbursement by the government will be made only to the person who paid from his personal funds for transporting the remains to the national or post cemetery grave site.
4. No interment expense allowance is authorized since interment is made ultimately in a national or post cemetery.





1. FILE UNDER NO. - 293 - Strawser, Ohmer S. (35 409 791)

### SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 17 May 48  
4. FROM: OQIE  
5. TO: CO, Columbus OH, Ohio  
6. SUBJECT: Certificate of Interment Expenses

7. DOCUMENT FILED UNDER NO. 293.5 - Columbus (Inter. Expenses)

msb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

~~NOTICE OF CHANGE IN ADDRESS~~

NAME OF DECEASED

RANK

SERIAL NUMBER

P.F.C. *OHMER S. STRAUSSER**P.F.C.**3540 9791*

NAME OF NEXT OF KIN

RELATIONSHIP

*Naomi A. Strausser**wife*

OLD ADDRESS

*Hrenville, R.1. Ohio.*

NEW ADDRESS

*29 South Cherrywood ave.  
Dayton 3, Ohio.*

REMARKS

**ARMY SERVICE FORCES  
MEMO ROUTING SLIP**

TO THE FOLLOWING IN THE ORDER INDICATED		CHECK ACTION	
TO: (Name, organization, building) 1. <b>Records Section Attn: Checking Sub-Section</b>	INITIALS	<input type="checkbox"/>	CONCURRENCE
	DATE	<input type="checkbox"/>	SIGNATURE
2. <b>Repatriation Records Branch Memorial Division</b>	<input type="checkbox"/>	<input type="checkbox"/>	NOTE AND RETURN
	<input type="checkbox"/>	<input type="checkbox"/>	NOTE AND FORWARD
	<input type="checkbox"/>	<input type="checkbox"/>	COMPLETE ACTION
3.	<input type="checkbox"/>	<input type="checkbox"/>	CIRCULATE
	<input type="checkbox"/>	<input type="checkbox"/>	INFORMATION
	<input type="checkbox"/>	<input type="checkbox"/>	FILE

**Strawser, Ohmer S., 35 409 791, Private First Class,  
U.S.M. Cemetery, Elosville, France, Plot E, Row 2,  
Grave 28.**

**Legal next of kin, Mrs Naomi A. Strawser, Widow.**

**Old Address:**

**Mrs. Naomi A. Strawser  
29 South Cherrywood Avenue  
Dayton 3, Ohio**

**New Address:**

**Mrs. Naomi A. Strawser  
Route #1  
Greenville, Ohio**

**Request notation be made concerning change of  
address.**

**CHRISTENSEN**

JUN 11 4 09 PM '45  
 MEMORIAL DIVISION  
 RECORDS BRANCH

FROM: (Name, organization, building) <b>Memorial Division, Rep. Rec. Br., Corr, Sec.</b>	DATE <b>10 June 46</b> TEL.
---	-----------------------------------

ARMY SERVICE FORCES  
ARMY EFFECTS BUREAU

ORDER FOR SHIPMENT

Mrs. Naomi A. Strawser  
29 South Cherrywood Avenue  
SHIP TO: Dayton, Ohio

Effects of: Ohmer S. Strawser

Date

35409791

ASN

173934 D

Case No.

Wt.

DATE 1 March 1945  
JRM:NM:nls

Wassie Mae Mullan  
FOR: Effects Quartermaster

REMARKS:

     Inclose Bureau Check  
     Acct. No.             
     Amount             
     Inclose "Valuables" item  
     Ship "Valuables" item(s)

     Remove G.I.  
     Note discrepancy in             
     Films removed  
     Diary removed  
     Laundry removed

ROUTING:

     Accounting Branch  
  1   Warehouse Division  
  2   Files Branch, Adm. Div.

REMARKS:

*1 pkg*

Franked **FRANKED**  
Est. Exp. Chgs.             
Est. Frit. Chgs.             
No. of packages   1  

MAR 2 1945

MAR 2 1945

*AW*

Shipping Clerk

Summary Court-Martial  
ARMY SERVICE FORCES  
KANSAS CITY QUARTERMASTER DEPOT  
601 Hardesty Avenue  
Kansas City 1, Missouri

RM:IB:vw

Case No. 173934

Date 7 March 1945

SUBJECT: Report of transactions in disposing of the effects of

Ohmer S. Strawser, 35409791 late a  
(Name of deceased) (Army Serial Number)  
Private First Class, Infantry who died  
(Grade) (Organization, Army or Service)  
on the 26 day of June, 1944, at European Area.

TO : The Adjutant General, War Department, Washington 25, D.C.

1. Complying with A.W. 112, a Summary Court Martial, convened at Kansas City, Mo, pursuant to S.O., 223, Hq., KCM Depot, dated 25 September 1943, for the purpose of disposing of the effects of the above-named soldier, or person subject to military law, reports that:

a. No legal representative or widow of decedent being present at decedents camp or quarters, effects of decedent were forwarded to this Summary Court-Martial.

b. Local debtors owed decedent's estate \$ none, of which the sum of \$ none was collected. (If nothing was found due or collected, state "None"; otherwise attach itemized statement of sums owing and collected.) (Incl.       .)

c. Decedent owed undisputed local creditors the sum of \$ none, which has been paid by the Summary Court-Martial from funds of decedent. (See inclosed receipt       , Incl.       )

d. Disposition of decedent's effects (less money paid creditors, if any) has been made by the Summary Court-Martial by transmittal through the Quartermaster Corps, at Government expense to person found entitled (See Summary Court-Martial FINDING below)

FINDING

Before a Summary Court-Martial which convened at Kansas City, Missouri, on 28 February 1945, pursuant to Special Orders 223, Headquarters, KCM Depot, dated 25 September 1943, the application or affidavit of Mrs. Naomi A. Strawser for the effects of the above-named deceased soldier, or person subject to military law, now in the possession of the United States, with other relevant evidence, was duly considered;

Whereupon, this Summary Court-Martial finds that, under the provisions of A.W. 112, Mrs. Naomi A. Strawser of 29 South Cherrywood Avenue, Dayton State of Ohio, is the widow of the above-named decedent and appears to be entitled to receive his or her effects.

(Signature of Summary Court Officer)

JOHN R. MURPHY, Colonel, Q.M.C.  
(Name, Rank, Organization)  
SUMMARY COURT MARTIAL

SHEET <u>1</u> OF <u>1</u> SHEETS	ARMY EFFECTS BUREAU INVENTORY		DECEASED <input checked="" type="checkbox"/> MISSING <input checked="" type="checkbox"/> P. O. W. <input type="checkbox"/> ABANDONED <input type="checkbox"/>
BOX NUMBER <u>4</u>	ORIGINAL NUMBER OF PACKAGES <u>1</u>		
TALLY NUMBER <u>5811</u>	INVENTORY DATE <u>21 Feb. 45</u>	CASE NUMBER <u>173,934</u> in	
EFFECTS OF <u>OWNER</u> <u>S. STRAWSER</u>	RANK <u>1st Lt.</u>		
A.S.N. <u>35409791</u>	ORGANIZATION <u>4th. Div.</u>		
PACKAGE DESCRIPTION <u># 1 pkg</u>			

CLOTHING		PERSONAL ITEMS		CONTAINERS	
<input type="checkbox"/>	BELT	<input type="checkbox"/>	BRACELET, IDENTIFICATION	<input type="checkbox"/>	BAGS, CLOTH
<input type="checkbox"/>	BELT, MONEY. (NO MONEY)	<input type="checkbox"/>	BRUSHES	<input type="checkbox"/>	BAGS, TRAVEL
<input type="checkbox"/>	CLOTH, WASH	<input type="checkbox"/>	CAMERAS	<input type="checkbox"/>	BILLFOLD (NO MONEY)
<input type="checkbox"/>	COATS	<input type="checkbox"/>	GLASSES	<input type="checkbox"/>	CASE, _____
<input type="checkbox"/>	FOOTWEAR, PR.	<input type="checkbox"/>	KNIVES	<input type="checkbox"/>	FOOTLOCKER
<input type="checkbox"/>	GLOVES, PR.	<input type="checkbox"/>	LIGHTERS	<input type="checkbox"/>	KIT, SEWING
<input type="checkbox"/>	HANDKERCHIEFS	<input checked="" type="checkbox"/>	MISC. INSIGNIA ✓	<input type="checkbox"/>	KIT, TOILET
<input type="checkbox"/>	HEADWEAR	<input type="checkbox"/>	MISC. ITEMS	<input type="checkbox"/>	KIT, WRITING
<input type="checkbox"/>	JACKETS	<input type="checkbox"/>	PEN, FOUNTAIN	PAPERS AND MISC.	
<input type="checkbox"/>	OVERCOATS	<input type="checkbox"/>	PENCIL, MECHANICAL	<input type="checkbox"/>	BOOKS
<input type="checkbox"/>	SCARFS	<input type="checkbox"/>	PIPES	<input type="checkbox"/>	BOOKS, ADDRESS
<input type="checkbox"/>	SHIRTS	<input type="checkbox"/>	RELIGIOUS ARTICLES	<input type="checkbox"/>	BOOKS, NOTE
<input type="checkbox"/>	SOCKS, PR.	<input checked="" type="checkbox"/>	RIBBONS, DECORATION ✓	<input type="checkbox"/>	BOOKS, PILOT LOG
<input type="checkbox"/>	TIES	<input type="checkbox"/>	RINGS ✓	<input type="checkbox"/>	DIARY (REMOVED FOR DURATION)
<input type="checkbox"/>	TOWELS	<input type="checkbox"/>	TOBACCO	<input type="checkbox"/>	FILMS
<input type="checkbox"/>	TROUSERS, PR.	<input type="checkbox"/>	TOILET ARTICLES	<input type="checkbox"/>	LETTERS
<input type="checkbox"/>	TRUNKS, PR.	<input type="checkbox"/>	WATCH	<input type="checkbox"/>	PAPERS, PERSONAL
<input type="checkbox"/>	UNDERWEAR	<input type="checkbox"/>	WINGS	<input type="checkbox"/>	PHOTOS
				<input checked="" type="checkbox"/>	SHOE SHINE ARTICLES
				<input type="checkbox"/>	SHORT SNORTER
				<input type="checkbox"/>	SOUVENIRS
				<input checked="" type="checkbox"/>	SOUVENIR MONEY ✓
				<input type="checkbox"/>	STATIONERY
				<input type="checkbox"/>	TESTAMENTS
				<input type="checkbox"/>	U.S. MONEY (AMOUNT)

1-Chain

REMARKS: no information detected

ATTACHMENTS:  FORM #54  FORM #100

1- G. P. label

FEB 28 1945		C.A.T. <u>Wife!</u> <u>Mrs Naomi A. Strawser</u>		WEIGHT	GI REMOVED
<u>295 Cherrywood Ave.</u>		<u>Dayton, Ohio</u>			SHORTAGE ON REVERSE
WAREHOUSE SPACE <u>1598</u>	STORED BY <u>Lee</u>				IDENT. TAGS REMOVED
INVENTORIED BY <u>Bain</u>		DATE SHIPPED <u>MAR 2 1945</u>			DIARY REMOVED
PACKED BY <u>Strawser</u>	CHECKED BY <u>G</u>				LOCKED STORAGE
					LAUNDRY REMOVED
					FILM REMOVED

E-2-28

Serial No. 35409791 Name Strawser, Ohmet S  
 Grade Pvt. Rank \_\_\_\_\_  
 Organization 7th Div.  
 Address \_\_\_\_\_  
 Nearest Relative Mrs. Naomi A. Strawser  
 Address 29 S. Cherrywood Ave, Dayton Ohio  
 Killed in Action yes Died of Disease \_\_\_\_\_  
 Date 7/1/44 Hospital \_\_\_\_\_  
 Battle Area \_\_\_\_\_ Information \_\_\_\_\_  
 Place of Burial Monarch Cemetery  
 Point of Coordination \_\_\_\_\_  
 Description of Body \_\_\_\_\_  
 Members Missing \_\_\_\_\_  
 Signed Abraham [Signature]

CHMER S STRAWSER  
 35409791 T42 43 A

**INVENTORY OF EFFECTS**  
 (See AR 600-550)

(Last name) (First name) (Middle initial) (Army serial number)  
 Late a Pvt Inf 4th Div  
 (Grade) (Organization or arm or service)  
 who died on the unknown day of June, 1944

**CLASS I**—Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

NUMBER	ARTICLES	*PACKAGE NUMBER
	Ring ✓	
	Service Ribbon ✓	
	Souvenir coins ✓	

\*To be filled out only in case of shipment to The Adjutant General.

**CLASS II**—Other effects

NUMBER	ARTICLES
	NONE

CHMER S STRAWSER  
35409791 T42 43 A

# INVENTORY OF EFFECTS

(See AR 600-550)

(Last name) (First name) (Middle initial) (Army serial number)

late a Pvt Inf 4th Div  
(Grade) (Organization or arm or service)

who died on the unknown day of June, 1944

**CLASS I**—Saber, insignia, decorations, medals, campaign badges, watches, manuscripts, and other articles valuable chiefly as keepsakes.

NUMBER	ARTICLES	*PACKAGE NUMBER
	Ring ✓	
	Service Ribbon ✓	
	Souvenir coins ✓	

\*To be filled out only in case of shipment to The Adjutant General.

## CLASS II—Other effects

NUMBER	ARTICLES
	NONE





173934 ✓

JHM:IB:vw  
March 7, 1945

Mrs. Naomi A. Strawser ✓  
29 South Cherrywood Avenue ✓  
Dayton, Ohio ✓

Dear Mrs. Strawser: ✓

The Army Effects Bureau has received from overseas some personal effects of your husband, Private First Class Ohmer S. Strawser. ✓

These effects are being forwarded to you in one package. ✓

If, by any chance, the property has not reached you at the expiration of thirty days from this date, please notify me and tracer will be instituted. ✓

The action of this Bureau in transmitting personal effects does not, of itself, vest title in the recipient. Such property is forwarded for distribution according to the laws of the state of the soldier's legal residence. ✓

I regret the circumstances prompting this letter, and wish to express my sympathy in the loss of your husband. ✓

Yours very truly, ✓

P. L. KOEB ✓  
2nd Lt. Q.M.C.  
Chief, Correspondence Branch

Form 69

May 22, 1946

2

Dear Sirs,

Please notice the change in my address. My telegram was sent to me at 27 W. Cherywood ave. Dayton, 3, Ohio. My new address is "Mrs. Naomi Strasser, Greenville, R.I. Ohio. The address has been changed in the files but did not want a mistake in this Department because I do want to bring my husband's body home. Sincerely,

Mrs. Naomi Strasser

P.S. My husband was,

743 P. O. Homer Stephen Strasser  
(35-40 5791)

OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.

OFFICIAL BUSINESS



FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300  
(GPO)

SAVE THE EASY WAY  
BUY U.S. BONDS ON  
PAYROLL SAVINGS

OFFICE OF THE QUARTERMASTER GENERAL  
MEMORIAL DIVISION, R. R. BRANCH  
WASHINGTON 25, D. C.



Pfc. Omar S. Strawser 35 409 791  
Plot F, Row 2, Grave 20,  
United States Military Cemetery  
Bosville, France

9 September 1947

Mrs. Naomi A. Strawser  
Route #1  
Greenville, Ohio

Dear Mrs. Strawser:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Incls.

Sincerely,

THOMAS B. LARKIN  
Major General  
The Quartermaster General

SEP 17 10 44 AM  
O U M G  
MAIL & RECORDS BRANCH

SPCIC 293 Strawser, Ohmer S.,  
S.N. 35 409 791

10 June 1946 (Cont'd)

dress has been changed from 29 South Cherrywood Avenue, Dayton, Ohio  
to Route #1, Greenville, Ohio.

Please accept my sincere sympathy in the loss of your husband.

FOR THE QUARTERMASTER GENERAL:

Sincerely yours,

WM. B. CHRISTENSEN  
1st Lieut., QMC  
Assistant

WBC

ME

*[Large handwritten scribble]*

RECORDED & INDEXED  
Q.M.C.  
MAIL & RECORDS BRANCH

ME  
JUN 11 4 08 PM '46  
RECORDS AND  
MAIL BRANCH

SPQYG 293  
Strawser, Ohmer S.  
S.N. 35 409 791

10 June 1946

Address Reply To  
THE QUARTERMASTER GENERAL  
Attention: Memorial Division

Mrs. Naomi A. Strawser  
Route #1  
Greenville, Ohio

Dear Mrs. Strawser:

Your letter concerning your husband, the late Private First Class Ohmer S. Strawser, has been received in this office.

The official Report of Burial discloses that the remains of your husband were interred in Plot E, Row 2, Grave 28, in the United States Military Cemetery, Bloisville, France, located twenty miles northwest of St. Lo, twenty-four miles southeast of Cherbourg and five miles north and slightly west of Carentan, all in France.

The War Department has now been authorized to remove the remains of your husband, at Government expense, to the final resting place which you designate.

When the necessary preliminaries have been completed, a letter with an information pamphlet and a "Request for Disposition" form attached will be mailed to you. The "Request for Disposition" form, when properly filled out, will constitute the formal expression of your detailed desires. Until you receive these forms, therefore, it will not be necessary for you to communicate with this office regarding this subject.

The necessity for complete coordination of movement in many parts of the world makes it impossible, at this time, to estimate when these forms will be forwarded to you. Please be assured, however, that your feelings in this matter are fully appreciated, and that your response, when received, will be acted upon with a minimum of delay.

The records of our office have been amended to show that your ad-